

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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02/26/99 90004 040 150⁰⁰
 DO NOT WRITE IN THIS SPACE

DOCUMENT # S36570
 1. Corporation Name
CITIZENS FIRST BANK

Principal Place of Business 903 AVENIDA CENTRAL LADY LAKE FL 32159 US	Mailing Address 903 AVENIDA CENTRAL LADY LAKE FL 32159 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/08/1991	4. FEI Number 59-3018034	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip Country	28. Zip Country	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Zip	25. Country	29. Zip	30. Country	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name <i>T. Michael Killingsworth</i>
	82 Street Address (P.O. Box Number is Not Acceptable) <i>903 Avenida Central</i>
	83
	84 City <i>The Villages</i> FL 85 Zip Code <i>32159</i>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISE, JOHN F	1.2 NAME	<i>T. Michael Killingsworth</i>
STREET ADDRESS	12290 SW 18TH AVE	1.3 STREET ADDRESS	<i>903 Avenida</i>
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	<i>The Villages FL 32159</i>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, MICHAEL S	2.2 NAME	
STREET ADDRESS	33835 OVERTON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBUKRG FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKER, JANICE B	3.2 NAME	
STREET ADDRESS	903 AVENIDA CENTRAL	3.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEGAN, VICTORIA	4.2 NAME	
STREET ADDRESS	1100 MAIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, HAROLD S	5.2 NAME	
STREET ADDRESS	1100 MAIN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINK, WESLEY W.	6.2 NAME	
STREET ADDRESS	523 GARRARD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *T. Michael Killingsworth* 1-14-99
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

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